

YWAM SINGAPORE VOLUNTEER APPLICATION FORM

1. Application Form

Please complete and return to us **ALL** parts of the application form.

2. Medical

Medical Insurance : Overseas applicants are required to purchase Overseas Health Insurance for the duration of your time here.

3. Confidential Reference

A confidential reference form must be given to your pastor/spiritual leader.

We request that they complete the form and mail/email it **directly to YWAM Singapore.**

4. Visa (For all Overseas Applicants)

Please do not apply for a visa until you have received instruction and appropriate papers from the registrar.

5. Estimate Expenses (for all overseas applicants)

Base Accommodation: S\$300 per month (if available)

Food and Transportation: S\$400 per month (estimated)

Please direct all forms to the following address:

The Registrar (Volunteer)

Youth With A Mission

P O Box 25

Geylang Road

Singapore 913801

Phone : 65 -6745 9700

Fax : 65 – 67477533

Email : registrar@ywam.org.sg

Application for Volunteer

This application is for official use and will be kept strictly confidential.
Please complete all questions by typing or printing in ink.

Please attach
a most
recent photo
of yourself

| | | | | |
|---|--|---|--|---------------------------|
| Areas of Ministry Applied for (please tick) : <input type="checkbox"/> Admin <input type="checkbox"/> Publishing <input type="checkbox"/> Go Centre <input type="checkbox"/> Placement <input type="checkbox"/> Member Care <input type="checkbox"/> Training <input type="checkbox"/> Hospitality <input type="checkbox"/> DCC <input type="checkbox"/> Local Outreach <input type="checkbox"/> Media <input type="checkbox"/> Go Fest | | | | |
| Will you consider other areas beside the areas of ministry applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Period Available (dd/mm/yyyy) From : To : | | |
| Part I : Personal Details | | | | |
| Full Name as in Passport / Identity Card (please underline surname) | | | Identity Card No. (for Singaporean only) | |
| Contact Details Permanent Address : _____ Home Tel : _____ Mobile : _____ Email : _____ | | | | |
| Date of Birth | Place of Birth | Nationality | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Passport No. | Date of Issue | Date of Expiry | Place of Issue | |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed | | | | |
| Part II : Language Proficiency | | | | |
| Written & Spoken | Proficiency (excellent / good / fair / poor) | Spoken | Proficiency (excellent / good / fair / poor) | |
| | | | | |
| | | | | |
| Part III : Emergency Contact | | | | |
| Name | | Tel | Relationship | |
| | | | | |
| Part IV : Spiritual Information / Ministry | | | | |
| A) Church Affiliation | | | | |
| Church Name | | Address | | |
| | | | | |
| Name of Pastor | | Tel | Member since | |
| | | | | |
| B) Church / Ministry / Cross-Cultural Involvement | | | | |
| From (Month/Year) | To (Month/Year) | Ministry | Role | |
| | | | | |
| C) YWAM Experience | | | | |
| From (Month/Year) | To (Month/Year) | School Attended / Responsibility | Location | Director in charge |
| | | | | |

Part IV : Spiritual Information / Ministry *(Continued)*

D) Additional Information

(Please prayerfully and concisely provide the following information. Kindly keep to within 10 sentences for each question)

1) Describe how the Lord guided you to be a volunteer of YWAM Training Centre Singapore

2) Specify your expectations or goals during the period of your volunteering services with YWAM

3) List down the spiritual, operational and hospitality gifts which you think God has given you.

4) Have you communicated to your church / pastor regarding your plan to volunteer with YWAM Training Centre Singapore? Describe their response and your relationship with your home church.

5) In YWAM, all staff and volunteers raise their own support for personal and ministry expenses. How do you intend to raise the amount?

Part V : Character Referee *(Name 1 person who is a leader of your church)*

Name of church leader: _____

Contact Tel: _____ E-mail: _____

Address: _____

Part VI : Declaration

RELEASE OF LIABILITY

I do hereby release Youth With A Mission (Pte) Ltd., its agent, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth With A Mission.

Name Signature Date

DECLARATION

I declare all information declared in this application form and its attachments to be true and correct. I have not withheld any relevant information. If I am accepted as a volunteer staff of YWAM, I agree to embrace the values of the mission, comply with the leadership structures in place in YWAM Singapore, and abide by the general ministry policies, to respect the property of YWAM and its people in a spirit of true submission. I also agree to the use of (including the disclosure of) information supplied on my application form by the staff of YWAM for any purpose related to my volunteer staff appointment, development or well being.

Name Signature Date

CONSENT FOR TREATMENT *(for Non-Singaporean only)*

I do hereby agree to the performance of such treatment, anesthetics and operation as in the opinion of the attending physician/surgeon is deemed necessary on : _____ (your name)

Signature Date

If applicant is under 18 years of age, signature of parent or responsible party is required:

Parent / Guardian's Name Relationship Signature Date

CONSENT FOR BURIAL

In the case of accidental death, the law of the country may require that the body be buried or cremated. Whilst every attempt will be made to fulfill the family's wishes concerning the disposition of the deceased but this may not be possible.

I, the undersigned, hereby grant consent for the burial/cremation of my body in accordance with the law in that location, in the eventuality of my death while in the service of Youth With A Mission.

Name Signature Date

Part VII : Personal Health Declaration

Part 1 : For all applicants

- 1. Have you ever had, or are you suffering from any medical condition, physical impairment or mental illness? Yes No
- 2. Have you ever had any surgical operation previously? Yes No
- 3. Are you on any form of medication or doctor's care? Yes No
- 4. Do you have any form of allergic? Yes No
- 5. Are you pregnant? *(for females only)* Yes No
- 6. Do you have any valid health insurance for overseas travel? Yes No

If your answer is "Yes" to any of the questions above except No. 6, please state details below (use separate sheet if necessary).

If your answer is "Yes" to question 6, please provide following details :

| | |
|------------------------|--------------------|
| Name of Company Policy | Address of Company |
| Policy No. | Date of Expiry |

Part 2 : For foreign or overseas applicants only

Please answer all questions. Comment on all positive answers at the end of this form or on a separate sheet.

A) Do you suffer from or have been treated for any of the following?

| | No | Yes | | No | Yes | | No | Yes |
|--------------------------------------|----|-----|--------------------------|----|-----|--------------------------------|----|-----|
| Hypertension | | | Chest pain | | | Disease of blood or metabolism | | |
| Fainting spells | | | Epilepsy | | | Respiratory disorder/Asthma | | |
| Diabetes | | | Anaemia | | | Emotional depression | | |
| Kidney/genito urinary system disease | | | Heart disease | | | Stroke | | |
| Disease of brain or nervous system | | | Migraine | | | Hepatitis | | |
| Disease of muscle or bones | | | Food/skin allergy | | | Drug allergy | | |
| Eye trouble | | | Head injury | | | High blood pressure | | |
| Ear trouble | | | Shortness of breath | | | Low blood pressure | | |
| Gall bladder problems | | | Jaundice | | | Intestinal troubles | | |
| Insomnia | | | Mental/nervous disorders | | | Rheumatism/Arthritis | | |
| Back problems | | | Dislocation of joints | | | Broken bones | | |
| Stomach/Duodenal Ulcer | | | Recurrent diarrhoea | | | Paralysis | | |
| Anorexia/Bulimia | | | Chronic constipation | | | Venereal disease | | |
| Tumor/Cancer | | | | | | | | |

B) Have you ever had any of the following?

| Allergy | N o | Y | Surgery | N | Y | Females Only | N | Y |
|---------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| Penicillin | <input type="checkbox"/> | <input type="checkbox"/> | Appendectomy | <input type="checkbox"/> | <input type="checkbox"/> | Irregular periods | <input type="checkbox"/> | <input type="checkbox"/> |
| Sulphonamides | <input type="checkbox"/> | <input type="checkbox"/> | Tonsillectomy | <input type="checkbox"/> | <input type="checkbox"/> | Severe cramps | <input type="checkbox"/> | <input type="checkbox"/> |
| Serum | <input type="checkbox"/> | <input type="checkbox"/> | Hernia repair | <input type="checkbox"/> | <input type="checkbox"/> | Excessive flow | <input type="checkbox"/> | <input type="checkbox"/> |
| Foods (specify) | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Any other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

C) Have you ever had any of the following Communicable Diseases?

| | No | Yes | | No | Yes | | No | Yes |
|-----------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| Chicken pox | <input type="checkbox"/> | <input type="checkbox"/> | Measles (Rubella) | <input type="checkbox"/> | <input type="checkbox"/> | Measles (Rubeola) | <input type="checkbox"/> | <input type="checkbox"/> |
| Scarlet fever | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | <input type="checkbox"/> | AIDS/HIV | <input type="checkbox"/> | <input type="checkbox"/> | Pertussis | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

D) FAMILY HISTORY

Have any of your relatives ever had any of the following?

| | No | Ye | Relationship | | No | Ye | Relationship |
|----------------|--------------------------|--------------------------|--------------|-----------------------|--------------------------|--------------------------|--------------|
| Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | | Stomach Disease | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | | Asthma, Hay Fever | <input type="checkbox"/> | <input type="checkbox"/> | |
| Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> | | Epilepsy, Convulsions | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | |
| Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | | Mental Illness | <input type="checkbox"/> | <input type="checkbox"/> | |

CHARACTER REFERENCE FORM
CONFIDENTIAL
(to be completed by your pastor / leader)

Name of Applicant _____

The above applicant has applied for application to be a volunteer staff with YOUTH WITH A MISSION (YWAM). YWAM is an international, interdenominational Christian missionary organization founded in 1960. Its three fold purpose is evangelism, training and mercy ministry. We need your candid appraisal of the applicant's suitability for the position. The information you give will be kept strictly confidential. Please leave blank any questions you feel you have inadequate knowledge. Thank you for your assistance.

1) How well do you know the applicant?

- Very Well Quite Well A Little Very Little

2) Do you recommend the applicant to be a volunteer with YWAM Singapore?

- Yes Yes with reservations No

Comments : _____

3) How long have you know the applicant? _____ years _____ months

4) The applicant has attended your church for _____ years _____ months

5) What role(s) does the applicant have in church? (i.e. church attendee, member, teacher, musician, etc.)

6) Please assess the applicant on the qualities listed below. Please make an "X" along the scale for each heading.

| | | | | | | | | | | |
|---|-----------------------|---|---|-------------------|---|---|---------------|---|---------------------|----|
| PERSONAL MATURITY | | | | | | | | | | |
| Emotional and interpersonal maturity | Immature | | | Average | | | Growing | | Unusual insight | |
| INITIATIVE | | | | | | | | | | |
| Proactive in undertaking new responsibilities | Poor | | | Average | | | Above average | | Excellent | |
| SOCIAL ACCEPTANCE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How others receive applicant's personality | Tolerated | | | Accepted | | | Well-liked | | Sought after | |
| SOCIAL AWARENESS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Response to feelings & needs of others | Slow | | | Fairly responsive | | | Thoughtful | | Usually considerate | |
| EMOTIONAL STABILITY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How often emotionally balanced? | Never | | | Seldom | | | Usually | | Always | |
| PERSONAL APPEARANCE AND MANNER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Sloppy | | | Fair | | | Good | | Well-groomed | |
| POISE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Applicant's confidence in public? | Lacks self-confidence | | | Moderate | | | | | Self-confident | |

| | | | | | | | | | | |
|--|-------------|---|---|--------------------|---|---|-----------------|---|------------------|----|
| LEADERSHIP Evaluate leadership abilities. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Never leads | | | Fair | | | Average | | Exceptional | |
| RESPONSIBILITY How faithful is applicant with assumed responsibilities? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Unfaithful | | | Fairly responsible | | | Average | | Very responsible | |
| CO-OPERATION Evaluate ability to lead through serving others | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Unwilling | | | Indifferent | | | Usually willing | | Outstanding | |
| TEAMWORK Evaluate ability to work well with others on teams relationship | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Poor | | | Fair | | | Good | | Exceptional | |
| COMMUNICATION Evaluate ability to present thoughts with logic & clarity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Poor | | | Fair | | | Good | | Exceptional | |
| ABILITY TO ARTICULATE Evaluate ability to present thoughts orally. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Poor | | | Fair | | | Good | | Exceptional | |

Any other observations or comments?

| | |
|----------------------|--------|
| Referral's Signature | Date |
| Referral's Name | Church |
| Address | |
| Tel | Email |

Please return this completed form to :

The Registrar (Volunteer)
Youth With A Mission
P O Box 25 Geylang Road Singapore 913801
Fax: 67477533 / Email: registrar@ywam.org.sg